

Docket No. 57906-A/JPW/AG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William C. Olson and Paul J. Maddon

Serial No. : 09/464,902 Examiner: Emily Lee

Filed : December 16, 1999 Group Art Unit: 1648

For : NUCLEIC ACIDS ENCODING POLYPEPTIDES OF ANTI-CCR5 ANTIBODIES

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 15, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	28 -	* 52 =	*** 0 X	\$25	\$50	=	0	
Indepen- dent Claims	2 -	** 3 =	0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time: <u>Yes</u> <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

01 FC:2252

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Amendment Transmittal Letter
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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
☒ A Petition for an Extension of Time, including a fee of
\$ 225.00 for a Petition for 2 Month(s) Extension of Time
Other (identify): _____

THE TOTAL FEE DUE IS \$ 405.00.

- ☒ A check in the amount of \$ 405.00 is enclosed.
Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

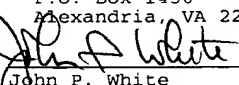
- ☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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P.O. Box 1450
Alexandria, VA 22313-1450.


John P. White
Reg. No. 28,678

9/15/06
Date